

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

CROSSLAND FOR CONGRESS

ADDRESS (number and street)

337 E BRAMBLE CIR

Check if different  
than previously  
reported. (ACC)

AKRON

OH

44321

2. FEC IDENTIFICATION NUMBER ▼

C

C00558981

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

OH

16

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
07 / 01 / 2014

through

M M / D D / Y Y Y Y  
09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Debra L Deane

Signature of Treasurer

Debra L Deane

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
10 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

CROSSLAND FOR CONGRESS

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 1 | 4 |

|  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....  | 16644.00                | 26979.00                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....  | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 16644.00                | 26979.00                           |
| 7. Net Operating Expenditures  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....   | 4478.95                 | 9308.31                            |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....   | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 4478.95                 | 9308.31                            |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....  | 17670.69                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                    |

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 19

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**CROSSLAND FOR CONGRESS**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
07 / 01 / 2014

To:

M M / D D / Y Y Y Y  
09 / 30 / 2014

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

10175.00

13125.00

**(ii) Unitemized.....**

5334.00

11719.00

**(iii) TOTAL of contributions from individuals ▶**

15509.00

24844.00

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

1135.00

2135.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

16644.00

26979.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

16644.00

26979.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 19

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 4478.95                       | 9308.31                            |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 4478.95                       | 9308.31                            |

## **III. CASH SUMMARY**

|   |          |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 5505.64  |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 16644.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 22149.64 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 4478.95  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 17670.69 |

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**CROSSLAND FOR CONGRESS**

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Lois Arnold</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 04 / 2014 |  |
| Mailing Address 337 E. Bramble Cir  |                                   | <b>Transaction ID : SA11AI.4444</b>                      |  |
| City<br>Copley  | State<br>OH                       | Zip Code<br>44321  | Amount of Each Receipt this Period<br>900.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                   |  |  |
| Name of Employer<br>none  | Occupation<br>retired             |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |  |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Donald Baker</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 20 / 2014 |  |
| Mailing Address 245 Meadow Oaks Trail   |                                   | <b>Transaction ID : SA11AI.4476</b>                      |  |
| City<br>Medina  | State<br>OH                       | Zip Code<br>44256-7246                                   | Amount of Each Receipt this Period<br>200.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                   |  |  |
| Name of Employer<br>Granger Township  | Occupation<br>treasurer           |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>300.00  |  |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Brian Beam</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2014 |  |
| Mailing Address 1644 Arthur Dr  |                                   | <b>Transaction ID : SA11AI.4541</b>                      |  |
| City<br>Wooster   | State<br>OH                       | Zip Code<br>44691  | Amount of Each Receipt this Period<br>100.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                   |  |  |
| Name of Employer<br>Cleveland Clinic  | Occupation<br>physician           |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00  |  |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....   |                                   | 1200.00  |  |
| <b>TOTAL</b> This Period (last page this line number only).....   |                                   |  |  |

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 19  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**CROSSLAND FOR CONGRESS**

|   |  |  |  |
|---|--|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Joanne Belovich</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 20 / 2014 |  |
| Mailing Address 1229 River Woods Dr   |  | <b>Transaction ID : SA11AI.4550</b>                      |  |
| City<br>Hinckley  | State<br>OH                            | Zip Code<br>44233  | Amount of Each Receipt this Period<br>_____ 500.00 |
| FEC ID number of contributing federal political committee.  |  | C _____  |  |
| Name of Employer<br>Cleveland State University  | Occupation<br>professor                |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 500.00 |  |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Bert Bishop</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 22 / 2014 |  |
| Mailing Address 606 Danberry Dr   |  | <b>Transaction ID : SA11AI.4429</b>                      |  |
| City<br>Wooster   | State<br>OH                            | Zip Code<br>44691  | Amount of Each Receipt this Period<br>_____ 250.00 |
| FEC ID number of contributing federal political committee.  |  | C _____  |  |
| Name of Employer<br>none  | Occupation<br>none                     |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 250.00 |  |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Dorothy Boesger</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 14 / 2014 |  |
| Mailing Address 11293 Blodgett Creek Trl  |  | <b>Transaction ID : SA11AI.4452</b>                      |  |
| City<br>Strongsville  | State<br>OH                            | Zip Code<br>44149-3108                                   | Amount of Each Receipt this Period<br>_____ 200.00 |
| FEC ID number of contributing federal political committee.  |  | C _____  |  |
| Name of Employer<br>none  | Occupation<br>retired                  |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 300.00 |  |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....   |  | _____ 950.00   |  |
| <b>TOTAL</b> This Period (last page this line number only).....   |  | _____  |  |

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 19

(check only one)

|   |                              |                              |                              |                             |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

CROSSLAND FOR CONGRESS

Full Name (Last, First, Middle Initial)

David Broehl

A.

Mailing Address 900 Quinby Ave

City

Wooster

State

OH

Zip Code

44691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
attorney

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 26    |   | 2014      |

Transaction ID : SA11AI.4527

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

David Brown

B.

Mailing Address 1717 Brookwood Dr

City

Akron

State

OH

Zip Code

44313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
noneOccupation  
retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 21    |   | 2014      |

Transaction ID : SA11AI.4494

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Mark Bruno

C.

Mailing Address 226 Highland Ave

City

Wadsworth

State

OH

Zip Code

44281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
We Do DigitalOccupation  
CEO

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 29    |   | 2014      |

Transaction ID : SA11AI.4571

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

650.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**CROSSLAND FOR CONGRESS**

|   |       |                                   |  |  |  |
|---|-------|-----------------------------------|--|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>John Cihon</b>  |       |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 24 / 2014 |  |  |
| Mailing Address 154 Sutton NE   |       |                                   | <b>Transaction ID : SA11AI.4560</b>                      |  |  |
| City  | State | Zip Code                          |  |  |  |
| N. Canton   | OH    | 44720                             |  |  |  |
| FEC ID number of contributing federal political committee.  |       | C                                 | Amount of Each Receipt this Period<br>500.00             |  |  |
| Name of Employer<br>none  |       | Occupation<br>retired             |  |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |       | Election Cycle-to-Date<br>500.00  |  |  |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Lois Douglas</b>  |       |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 05 / 2014 |  |  |
| Mailing Address 4311 Ida Dr   |       |                                   | <b>Transaction ID : SA11AI.4450</b>                      |  |  |
| City  | State | Zip Code                          |  |  |  |
| Akron   | OH    | 44319                             |  |  |  |
| FEC ID number of contributing federal political committee.  |       | C                                 | Amount of Each Receipt this Period<br>500.00             |  |  |
| Name of Employer<br>none  |       | Occupation<br>retired             |  |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |       | Election Cycle-to-Date<br>500.00  |  |  |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Lois Douglas</b>  |       |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 15 / 2014 |  |  |
| Mailing Address 4311 Ida Dr   |       |                                   | <b>Transaction ID : SA11AI.4542</b>                      |  |  |
| City  | State | Zip Code                          |  |  |  |
| Akron   | OH    | 44319                             |  |  |  |
| FEC ID number of contributing federal political committee.  |       | C                                 | Amount of Each Receipt this Period<br>500.00             |  |  |
| Name of Employer<br>none  |       | Occupation<br>retired             |  |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |       | Election Cycle-to-Date<br>1000.00 |  |  |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....   |       |                                   | 1500.00  |  |  |
| <b>TOTAL</b> This Period (last page this line number only).....   |       |                                   |  |  |  |



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 19

(check only one)

|   |                              |                              |                              |                             |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

CROSSLAND FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Rob Eggleton

Mailing Address 459 Pheasant Run

City

Wadsworth

State

OH

Zip Code

44281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CPA

Occupation

management

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 29    |   | 2014      |

Transaction ID : SA11AI.4570

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gary Herrington

Mailing Address 343 W Bramble Cir

City

Copley

State

OH

Zip Code

44321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

none

Occupation

none

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

600.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 02    |   | 2014      |

Transaction ID : SA11AI.4394

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dean Holman

Mailing Address 9399 River Styx Rd

City

Wadsworth

State

OH

Zip Code

44281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medina County

Occupation

prosecutor

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 20    |   | 2014      |

Transaction ID : SA11AI.4474

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 19

(check only one)

|   |                              |                              |                              |                             |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

CROSSLAND FOR CONGRESS

Full Name (Last, First, Middle Initial)

Linda Houston

Mailing Address 1823 Burbank Rd

City

Wooster

State

OH

Zip Code

44691-2111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
noneOccupation  
retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 22    |   | 2014      |

Transaction ID : SA11AI.4509

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Ardith Keck

Mailing Address 754 Delaware Ave

City

Akron

State

OH

Zip Code

44303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
noneOccupation  
homemaker

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 02    |   | 2014      |

Transaction ID : SA11AI.4398

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Frank Kunstel

Mailing Address 131 Seaborn Dr

City

Willowick

State

OH

Zip Code

44095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
noneOccupation  
retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 21    |   | 2014      |

Transaction ID : SA11AI.4501

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 19

(check only one)

|   |                              |                              |                              |                             |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

CROSSLAND FOR CONGRESS

Full Name (Last, First, Middle Initial)

Steven Marks

Mailing Address 4653 N. Ridge Dr

City

Akron

State

OH

Zip Code

44333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Main St. Muffins

Occupation

CEO

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 02    |   | 2014      |

Transaction ID : SA11AI.4409

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Katie Paris

Mailing Address 15830 S. Park Blvd

City

Shaker Heights

State

OH

Zip Code

44120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

consultant

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 20    |   | 2014      |

Transaction ID : SA11AI.4461

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Paul Rose

Mailing Address 679 Sunridge Rd

City

Fairlawn

State

OH

Zip Code

44333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brouse, McDowell

Occupation

attorney

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 02    |   | 2014      |

Transaction ID : SA11AI.4407

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**CROSSLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Thomas Sharkey**

Mailing Address 727 Winding Way

City

Akron

State

OH

Zip Code

44313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 14 / 2014

Transaction ID : SA11AI.4422

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**N.M. Simpson**

Mailing Address 533 Ridge View Dr

City

Davenport

State

FL

Zip Code

33837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Osceola Regional Medical Center

Occupation

unit coordinator

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 26 / 2014

Transaction ID : SA11AI.4565

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**Patricia Walker**

Mailing Address 231 S. Broadway St

City

Medina

State

OH

Zip Code

44256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walker & Jocke

Occupation

attorney

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2014

Transaction ID : SA11AI.4552

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

825.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 19

(check only one)

|   |                              |                              |                              |                             |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

CROSSLAND FOR CONGRESS

Full Name (Last, First, Middle Initial)

Barbara White

A.

Mailing Address 1211 John St

City

Baltimore

State

MD

Zip Code

21217

FEC ID number of contributing federal political committee.

C

Name of Employer  
noneOccupation  
retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 24    |   | 2014        |

Transaction ID : SA11AI.4431

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

Peter Wilson

B.

Mailing Address 308 Portage Ave NW

City

N. Canton

State

OH

Zip Code

44720

FEC ID number of contributing federal political committee.

C

Name of Employer  
noneOccupation  
none

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 08    |   | 2014        |

Transaction ID : SA11AI.4532

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

10175.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 19

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**CROSSLAND FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
**Committee to Re-elect Frank Communale**

Mailing Address 25 Berkshire Ct

City State Zip Code  
 Akron OH 44313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 08 26 2014

Transaction ID : SA11C.4582

Amount of Each Receipt this Period

500.00

Federally permissible funds

B. Full Name (Last, First, Middle Initial)  
**Friends of Joe Schiavoni for State Senate**

Mailing Address 87 Westchester Dr

City State Zip Code  
 Youngstown OH 44515-3902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

M M / D D / Y Y Y Y  
 08 18 2014

Transaction ID : SA11C.4580

Amount of Each Receipt this Period

100.00

Federally permissible funds

C. Full Name (Last, First, Middle Initial)  
**Friends of Mike Kovack**

Mailing Address P.O. Box 219

City State Zip Code  
 Medina OH 44258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

35.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 20 2014

Transaction ID : SA11C.4584

Amount of Each Receipt this Period

35.00

Federally permissible funds

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

635.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 19

|                                    |                                     |  |                                    |                             |
|------------------------------------|-------------------------------------|--|------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 | <input type="checkbox"/> 15 |
|------------------------------------|-------------------------------------|--|------------------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**CROSSLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Summit County Progressive Democrats**

Mailing Address 929 Eaton Ave

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Akron | OH    | 44303    |

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 02    |   | 2014        |

Transaction ID : SA11C.4579

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.**  
Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**  
Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

1135.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 19

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**CROSSLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PETE CROSSLAND**

Mailing Address 337 E BRAMBLE CIR

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| AKRON | OH    | 44321    |

Purpose of Disbursement  
reimbursement for campaign website fee

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

State: OH District: 16

|  |
|--|
| Disbursement For: 2014   |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                                     |

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 07 / 30 / 2014      |

Amount of Each Disbursement this Period

|       |
|-------|
| 29.00 |
|-------|

Transaction ID : SB17.4596

**B. PETE CROSSLAND**

Mailing Address 337 E BRAMBLE CIR

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| AKRON | OH    | 44321    |

Purpose of Disbursement  
reimbursement for campaign website

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

State: OH District: 16

|  |
|--|
| Disbursement For: 2014   |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                                     |

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 09 / 26 / 2014      |

Amount of Each Disbursement this Period

|       |
|-------|
| 29.00 |
|-------|

Transaction ID : SB17.4625

**C. PETE CROSSLAND**

Mailing Address 337 E BRAMBLE CIR

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| AKRON | OH    | 44321    |

Purpose of Disbursement  
reimbursement for campaign website fee

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

State: OH District: 16

|  |
|--|
| Disbursement For: 2014   |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                                     |

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 09 / 29 / 2014      |

Amount of Each Disbursement this Period

|       |
|-------|
| 29.00 |
|-------|

Transaction ID : SB17.4627

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

87.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 19

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**CROSSLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Campaign Partner**

Mailing Address 16 Dudley St

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Fitchburg | MA    | 01420    |

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 29  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 29.00 |
|-------|

Transaction ID : SB17.4627.0

**[MEMO ITEM]****B. Madison Graphics**

Mailing Address 13130 Detroit Ave

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Lakewood | OH    | 44107    |

Purpose of Disbursement  
printing T-shirts with campaign logo

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 11  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 502.20 |
|--------|

Transaction ID : SB17.4602

**c. Tim Peyton**

Mailing Address 115 N. Portage Path

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Akron | OH    | 44303    |

Purpose of Disbursement  
campaign management & consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 600.00 |
|--------|

Transaction ID : SB17.4587

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1102.20

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 19

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**CROSSLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Tim Peyton**

Mailing Address 115 N. Portage Path

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Akron | OH    | 44303    |

Purpose of Disbursement  
campaign management & consulting

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|  |
|--|
| Disbursement For: 2014   |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                                     |

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 07 / 30 / 2014      |

Amount of Each Disbursement this Period

|        |
|--------|
| 600.00 |
|--------|

Transaction ID : SB17.4593

**B. Tim Peyton**

Full Name (Last, First, Middle Initial)

Mailing Address 115 N. Portage Path

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Akron | OH    | 44303    |

Purpose of Disbursement  
campaign management & consulting

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|  |
|--|
| Disbursement For: 2014   |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                                     |

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 08 / 12 / 2014      |

Amount of Each Disbursement this Period

|        |
|--------|
| 600.00 |
|--------|

Transaction ID : SB17.4601

**C. Tim Peyton**

Full Name (Last, First, Middle Initial)

Mailing Address 115 N. Portage Path

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Akron | OH    | 44303    |

Purpose of Disbursement  
campaign management & consulting

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|  |
|--|
| Disbursement For: 2014   |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                                     |

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 08 / 26 / 2014      |

Amount of Each Disbursement this Period

|        |
|--------|
| 600.00 |
|--------|

Transaction ID : SB17.4608

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1800.00

